
CHICAGO LAKE SHORE MEDICAL ASSOCIATES, LTD

Reason for Today's Visit

Your appointment today was scheduled as a “***complete physical***” and will be billed as a complete physical. If you are unsure of your benefits, please contact your insurance carrier today and verify your benefits to ensure you receive the highest level of coverage available and are not left with an unexpected balance. It is a CLSMA policy that the practice will not re-submit and/or appeal a previously filed claim.

Please note that it is your responsibility to notify your provider at the time of your visit the primary reason for your scheduled appointment. Unless otherwise specified your visit will be coded as a well/routine/preventive care visit.

Please indicate primary reason for today's visit:

- Complete Physical Exam (well visit)**

- Illness/diagnostic** _____

Please note CLSMA recognizes that a visit may begin as a Preventive Medicine service, and in the process of the examination it may be determined that a disease related condition exists and must be discussed. When this occurs, a Preventive Medicine visit code and a problem-oriented visit code may both be submitted for the same specialty physician on the same date of service.

Patient Signature

Date